



Recreation Oak Bay ACTIVE REHABILITATION CLIENT PACKAGE

Included in this package you will find:

- Par – Q, ParMed-X (to be completed by a physician)
- Health History Form
- Pricing Information

Instructions:

1. Please read and complete each form accurately and completely;
2. The ParMed-X form must be completed by your physician and returned with all other forms;
3. When ALL forms are completed drop package off at either the Oak Bay or Henderson Recreation Centres;
4. Purchase your Active Rehabilitation sessions when you drop off your forms, please note you must purchase a minimum of TWO sessions;
5. Once payment is received you will be contacted within 72 hours by a Rehab Specialist to set up your first appointment;
6. Rehab Trainers bio's can be found at www.recreation.oakbay.ca

Please note:

- Packages expire after 1 year from the date of purchase
- 24 hours notice required for appointment cancellations

Cancellation Policy:

- 24 hours notice is required for appointment cancellations
- To cancel an appointment, first attempt to contact the trainer directly. If you are unable to reach the trainer or if you leave a message, please also call our reception at 250-595-7946 and provide them with your appointment date, trainers name and reason for cancellation.
- If you cancel within 24 hours you may be charged for the appointment.

If you have any questions please call 250-370-7117

**Thank-you.
Fitness Programmer
Recreation Oak Bay**

PRICING INFORMATION

Based on your needs, abilities and comfort level choose either Active Rehabilitation in the Fitness Studio or Water Rehabilitation in the Pool. Both methods of Rehab offer one-on one sessions that foster an environment conducive to your needs. The Rehab Specialist will create an individualized program based on your abilities that will help you achieve your goals.

If you are unsure how many sessions you will require, start by purchasing the minimum 2 sessions, and the Rehab Specialist can advise you how many sessions you will need based on the first two appointments.

From your first two sessions you can expect:

- *Sessions 1:* An assessment appropriate to your injury or condition to determine what type of program you will require and what your limitations may be.
- *Session 2:* The Rehab Specialist will deliver the program they created based on Session 1's Assessment. The trainer will make necessary recommendations for future appointments.

ACTIVE REHABILITATION (One-on One)

A medical exercise specialist will work with you in the fitness studio to develop a safe and effective program in a one-on one environment. Designed for those recovering from an injury due to sport, work or motor vehicle accident and those who may have physical limitations due to musculoskeletal, neurological or respiratory illnesses. Active Rehabilitation will help you improve your quality of life by allowing you to improve your function in everyday tasks. Insurance coverage accepted.

1 hour/\$63 – minimum of two sessions \$126 + Tax

WATER REHABILITATION (One-on One)

The Water Rehabilitation program allows people the freedom of movement needed to be able to train when they would otherwise not be able. Benefits of training in a water environment include anatomically balanced 3-dimensional resistance, reduced impact and cooler temperatures. The individually tailored program builds full body strength, endurance, and health propelling anyone towards an active and independent life. Insurance coverage accepted.

1 hour/\$63 – minimum of two sessions \$126 + Tax

SPECIALIZED PROGRAMS

- **Joint Motion – Total Hip and Knee**

Joint Motion - Total Hip and Knee is a personal training program designed for those returning from physiotherapy following a major lower body joint replacement (hip, knee) to gain function and mobility. In this program, the trainer will put you through a series of strengthening exercises using gym machines, bands, free weights, steps and agility balls to challenge you in a gently progressive manner. Cardiovascular conditioning on stationary bikes, treadmills and ellipticals will also be incorporated into each session. A personal 1 hour fitness assessment with the trainer prior to the first session is required to assess your current strength and function. To participate, Medical Clearance is required. Participants must have completed physiotherapy prior to the course and be at least 12 weeks post-surgery.

5 sessions \$284

Private Active Land or Water Rehabilitation (one on one)

- 2 Private Sessions \$126
- 5 Private Sessions \$284
- 10 Private Sessions \$504
- 15 Private Sessions \$709
- Joint Motion – Total Hip and Knee \$284

*(Can be purchased as single sessions after a minimum of 2 sessions are purchased)

REHAB SPECIALISTS

Rehabilitation Specialists - Dry Land Rehabilitation

Amaiah Paradine – Dry Land Rehabilitation ONLY

- AAHFRP American Academy of Health, Fitness and Rehabilitation Professionals
- BCRPA Certified Personal Trainer
- Medical Exercise Specialist and Post-Rehabilitation Conditioning Specialist

Kamma Wiggins – Dry Land Rehabilitation ONLY

- Bachelor of Athletic & Exercise Therapy, Camosun College & (CATA) Canadian Athletic Therapists Association
- CSEP-CEP Certified Exercise Physiologist
- BCRPA Certified Personal Trainer
- Medical Exercise Specialist and Post-Rehabilitation Conditioning Specialist

Justin Wolfe – Dry Land Rehabilitation ONLY

- Bachelor of Sport & Fitness Leadership, Camosun College
- CSEP-CEP Certified Exercise Physiologist
- Certified Strength & Conditioning Specialist – National Strength and Conditioning Association, NSCA

Ryan Anderson – Dry Land Rehabilitation ONLY

- Bachelor of Kinesiology, Sport & Recreation Administration, University of Regina
- Certified Strength and Conditioning Specialist, National Strength and Conditioning Association, NSCA

Rehabilitation Specialists – Water Rehabilitation

Daniela Sigurgeirson - Water Rehab & Dry Land Rehabilitation

- CALA Certified Water Instructor, CALA Aqua Arthritis and Joint Specialist
- Canfit Pro Certified Personal Trainer

Client Details

Name _____

Phone: (h) _____

(c) _____

Address _____

Postal Code _____

Age _____ Email _____

Occupation _____

Referral Source (If any): _____

Emergency Contact _____

Phone _____

Doctor _____

Phone _____

Physiotherapist _____

Phone _____

Health History Form

1. Have you had any bone, joint or muscle injuries in the past? Check and Explain.

- Shoulder Knee Hip Ankle Foot Wrist Neck
 Head Arm Legs Chest Stomach Lower Back Upper Back
 Other

2. Do you have any chronic illnesses? Check and Explain.

- Diabetes Osteoporosis Arthritis Stroke Asthma Heart Cancer
 Fibromyalgia Thyroid Kidney Liver Lung Epilepsy
 High Blood Pressure High Cholesterol Other

3. Do you take any medication?

Prescription Medication? Explain.

For Example Insulin, Coumadin, Etc.

Over-The-Counter Medication or Preparations? Explain.

For Example Herbal, Dietary, Etc.

4. Have you been under the care of a Physiotherapist/Chiropractor/other specialist YES NO

If yes, who and how often? _____

5. Have you had any surgery? YES NO

If yes, please list: _____

6. What activities do you participate in currently? Explain.

7. What is your main concern/reason for pursuing Active Rehabilitation? Explain.

8. What goals would you like to achieve through the Active Rehabilitation program?

9. How many times per week would you like to meet with your trainer? _____

10. How many times per week are you prepared to train on your own? _____

11. Which location would you like to train at? Oak Bay Recreation Centre Henderson Recreation Centre

12. Which type of Active Rehabilitation are you purchasing today?

Water Rehab

Daniela Sigurgeirson

Dry Land Rehab

Amaiah Paradine

Kamma Wiggins

Justin Wolfe

Ryan Anderson

Availability

14. What days and times work best for you? Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
6-9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9am-12pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions? Please call 250-370-7117



PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant's evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™). To assist in this, the following instructions are provided:

- PAGE 1:** • Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.
- PAGES 2 & 3:** • A checklist of medical conditions requiring special consideration and management.
- PAGE 4:** • Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.
• Physical Activity Readiness Conveyance/Referral Form - an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

This section to be completed by the participant	
<p>A PERSONAL INFORMATION:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE _____</p> <p>BIRTHDATE _____ GENDER _____</p> <p>MEDICAL No. _____</p>	<p>B PAR-Q: Please indicate the PAR-Q questions to which you answered YES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Q 1 Heart condition <input type="checkbox"/> Q 2 Chest pain during activity <input type="checkbox"/> Q 3 Chest pain at rest <input type="checkbox"/> Q 4 Loss of balance, dizziness <input type="checkbox"/> Q 5 Bone or joint problem <input type="checkbox"/> Q 6 Blood pressure or heart drugs <input type="checkbox"/> Q 7 Other reason: _____
<p>C RISK FACTORS FOR CARDIOVASCULAR DISEASE: <i>Check all that apply</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 30 minutes of moderate physical activity most days of the week. <input type="checkbox"/> Excessive accumulation of fat around waist. <input type="checkbox"/> Currently smoker (tobacco smoking 1 or more times per week). <input type="checkbox"/> Family history of heart disease. <input type="checkbox"/> High blood pressure reported by physician after repeated measurements. <input type="checkbox"/> High cholesterol level reported by physician. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.</p> </div>	<p>D PHYSICAL ACTIVITY INTENTIONS:</p> <p>What physical activity do you intend to do?</p> <p>_____</p> <p>_____</p> <p>_____</p>

This section to be completed by the examining physician									
<p>Physical Exam:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Ht</td> <td style="width: 20%;">Wt</td> <td style="width: 20%;">BP i) /</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td></td> <td>BP ii) /</td> <td></td> </tr> </table> <p>Conditions limiting physical activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Other <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Abdominal <p>Tests required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ECG <input type="checkbox"/> Exercise Test <input type="checkbox"/> X-Ray <input type="checkbox"/> Blood <input type="checkbox"/> Urinalysis <input type="checkbox"/> Other 	Ht	Wt	BP i) /				BP ii) /		<p>Physical Activity Readiness Conveyance/Referral:</p> <p>Based upon a current review of health status, I recommend:</p> <div style="border: 1px solid black; padding: 5px; float: right; margin-top: 10px;"> <p>Further Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attached <input type="checkbox"/> To be forwarded <input type="checkbox"/> Available on request </div> <ul style="list-style-type: none"> <input type="checkbox"/> No physical activity <input type="checkbox"/> Only a medically-supervised exercise program until further medical clearance <input type="checkbox"/> Progressive physical activity: <ul style="list-style-type: none"> <input type="checkbox"/> with avoidance of: _____ <input type="checkbox"/> with inclusion of: _____ <input type="checkbox"/> under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™ <input type="checkbox"/> Unrestricted physical activity—start slowly and build up gradually
Ht	Wt	BP i) /							
		BP ii) /							

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

Following is a checklist of medical conditions for which a degree of precaution and/or special advice should be considered for those who answered "YES" to one or more questions on the PAR-Q, and people over the age of 69. Conditions are grouped by system. Three categories of precautions are provided. Comments under Advice are general, since details and alternatives require clinical judgement in each individual instance.

	Absolute Contraindications	Relative Contraindications	Special Prescriptive Conditions	ADVICE
	Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase.	Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted. Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable.	Individualized prescriptive advice generally appropriate: • limitations imposed; and/or • special exercises prescribed. May require medical monitoring and/or initial supervision in exercise program.	
Cardiovascular	<input type="checkbox"/> aortic aneurysm (dissecting) <input type="checkbox"/> aortic stenosis (severe) <input type="checkbox"/> congestive heart failure <input type="checkbox"/> crescendo angina <input type="checkbox"/> myocardial infarction (acute) <input type="checkbox"/> myocarditis (active or recent) <input type="checkbox"/> pulmonary or systemic embolism—acute <input type="checkbox"/> thrombophlebitis <input type="checkbox"/> ventricular tachycardia and other dangerous dysrhythmias (e.g., multi-focal ventricular activity)	<input type="checkbox"/> aortic stenosis (moderate) <input type="checkbox"/> subaortic stenosis (severe) <input type="checkbox"/> marked cardiac enlargement <input type="checkbox"/> supraventricular dysrhythmias (uncontrolled or high rate) <input type="checkbox"/> ventricular ectopic activity (repetitive or frequent) <input type="checkbox"/> ventricular aneurysm <input type="checkbox"/> hypertension—untreated or uncontrolled severe (systemic or pulmonary) <input type="checkbox"/> hypertrophic cardiomyopathy <input type="checkbox"/> compensated congestive heart failure	<input type="checkbox"/> aortic (or pulmonary) stenosis—mild angina pectoris and other manifestations of coronary insufficiency (e.g., post-acute infarct) <input type="checkbox"/> cyanotic heart disease <input type="checkbox"/> shunts (intermittent or fixed) <input type="checkbox"/> conduction disturbances • complete AV block • left BBB • Wolff-Parkinson-White syndrome <input type="checkbox"/> dysrhythmias—controlled <input type="checkbox"/> fixed rate pacemakers <input type="checkbox"/> intermittent claudication <input type="checkbox"/> hypertension: systolic 160-180; diastolic 105+	<ul style="list-style-type: none"> clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any). slow progression of exercise to levels based on test performance and individual tolerance. consider individual need for initial conditioning program under medical supervision (indirect or direct).
			<input type="checkbox"/> hypertension: systolic 160-180; diastolic 105+	progressive exercise to tolerance
			<input type="checkbox"/> chronic infections <input type="checkbox"/> HIV	variable as to condition
Infections	<input type="checkbox"/> acute infectious disease (regardless of etiology)	<input type="checkbox"/> subacute/chronic/recurrent infectious diseases (e.g., malaria, others)		
		<input type="checkbox"/> uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)	<input type="checkbox"/> renal, hepatic & other metabolic insufficiency	variable as to status
Metabolic			<input type="checkbox"/> obesity <input type="checkbox"/> single kidney	dietary moderation, and initial light exercises with slow progression (walking, swimming, cycling)
		<input type="checkbox"/> complicated pregnancy (e.g., toxemia, hemorrhage, incompetent cervix, etc.)	<input type="checkbox"/> advanced pregnancy (late 3rd trimester)	refer to the "PARmed-X for PREGNANCY"
Pregnancy				

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy, In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health.** Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17: 4 338-345.

The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

No changes permitted. You are encouraged to photocopy the PARmed-X, but only if you use the entire form.

Disponible en français sous le titre
«Évaluation médicale de l'aptitude à l'activité physique (X-AAP)»

Continued on page 3...

	Special Prescriptive Conditions	ADVICE
Lung	<input type="checkbox"/> chronic pulmonary disorders	special relaxation and breathing exercises
	<input type="checkbox"/> obstructive lung disease <input type="checkbox"/> asthma	breath control during endurance exercises to tolerance; avoid polluted air
	<input type="checkbox"/> exercise-induced bronchospasm	avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication.
Musculoskeletal	<input type="checkbox"/> low back conditions (pathological, functional)	avoid or minimize exercise that precipitates or exasperates e.g., forced extreme flexion, extension, and violent twisting; correct posture, proper back exercises
	<input type="checkbox"/> arthritis—acute (infective, rheumatoid; gout)	treatment, plus judicious blend of rest, splinting and gentle movement
	<input type="checkbox"/> arthritis—subacute	progressive increase of active exercise therapy
	<input type="checkbox"/> arthritis—chronic (osteoarthritis and above conditions)	maintenance of mobility and strength; non-weightbearing exercises to minimize joint trauma (e.g., cycling, aquatic activity, etc.)
	<input type="checkbox"/> orthopaedic	highly variable and individualized
	<input type="checkbox"/> hernia	minimize straining and isometrics; strengthen abdominal muscles
	<input type="checkbox"/> osteoporosis or low bone density	avoid exercise with high risk for fracture such as push-ups, curl-ups, vertical jump and trunk forward flexion; engage in low-impact weight-bearing activities and resistance training
CNS	<input type="checkbox"/> convulsive disorder not completely controlled by medication	minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountaineering, etc.)
	<input type="checkbox"/> recent concussion	thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage
Blood	<input type="checkbox"/> anemia—severe (< 10 Gm/dl)	control preferred; exercise as tolerated
	<input type="checkbox"/> electrolyte disturbances	
Medications	<input type="checkbox"/> antianginal <input type="checkbox"/> antiarrhythmic <input type="checkbox"/> antihypertensive <input type="checkbox"/> anticonvulsant <input type="checkbox"/> beta-blockers <input type="checkbox"/> digitalis preparations <input type="checkbox"/> diuretics <input type="checkbox"/> ganglionic blockers <input type="checkbox"/> others	NOTE: consider underlying condition. Potential for: exertional syncope, electrolyte imbalance, bradycardia, dysrhythmias, impaired coordination and reaction time, heat intolerance. May alter resting and exercise ECG's and exercise test performance.
Other	<input type="checkbox"/> post-exercise syncope	moderate program
	<input type="checkbox"/> heat intolerance	prolong cool-down with light activities; avoid exercise in extreme heat
	<input type="checkbox"/> temporary minor illness	postpone until recovered
	<input type="checkbox"/> cancer	if potential metastases, test by cycle ergometry, consider non-weight bearing exercises; exercise at lower end of prescriptive range (40-65% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercise to strengthen muscles, using machines rather than weights.

*Refer to special publications for elaboration as required

The following companion forms are available online: <http://www.csep.ca/forms.asp>

The **Physical Activity Readiness Questionnaire (PAR-Q)** - a questionnaire for people aged 15-69 to complete before becoming much more physically active.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY)** - to be used by physicians with pregnant patients who wish to become more physically active.

For more information, please contact the:

Canadian Society for Exercise Physiology
202 - 185 Somerset St. West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565 • Online: www.csep.ca

Note to physical activity professionals...

It is a prudent practice to retain the completed Physical Activity Readiness Conveyance/Referral Form in the participant's file.



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Health Canada
Santé Canada

Continued on page 4...

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

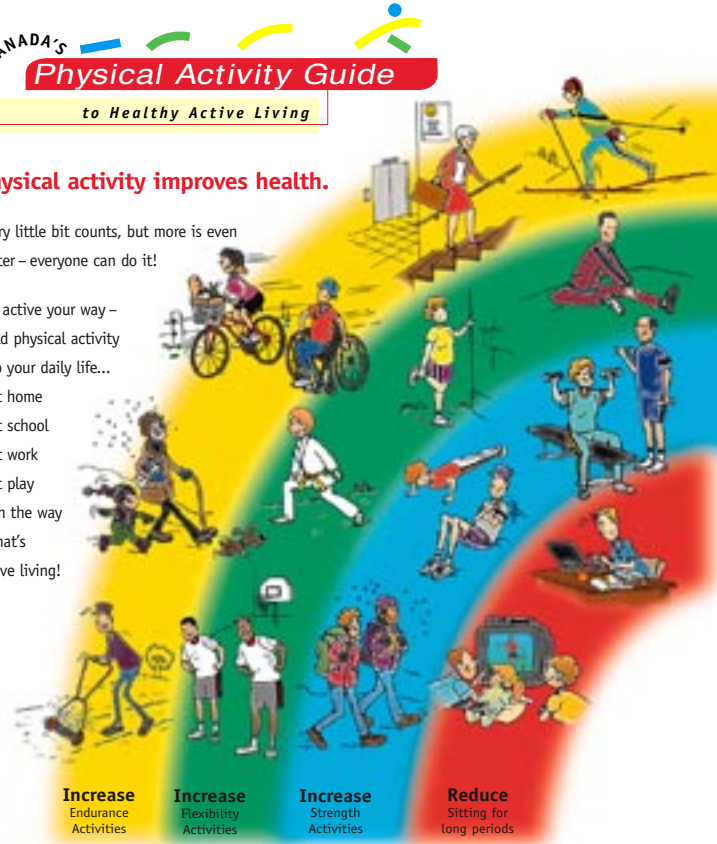
CANADA'S
Physical Activity Guide
to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



Increase Endurance Activities
Increase Flexibility Activities
Increase Strength Activities
Reduce Sitting for long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

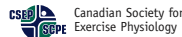
Time needed depends on effort			
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort
60 minutes	30-60 minutes	20-30 minutes	Maximum Effort
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Hockey • Fast swimming • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast dancing
Range needed to stay healthy			

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control! • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life 	<ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer



No charges permitted. Permission to photocopy this document for its entirety not required. Cat. No. H59-629/1998-1E ISBN 0-662-86607-7



Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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PARmed-X Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of the health status of _____, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity
 - with avoidance of: _____
 - with inclusion of: _____
 - under the supervision of a CSEP-Professional Fitness & Lifestyle Consultant or CSEP-Exercise Therapist™
- Unrestricted physical activity – start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

Physician/clinic stamp:

NOTE: This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.

_____ M.D.

_____ 20____

(date)

PAR-Q & YOU

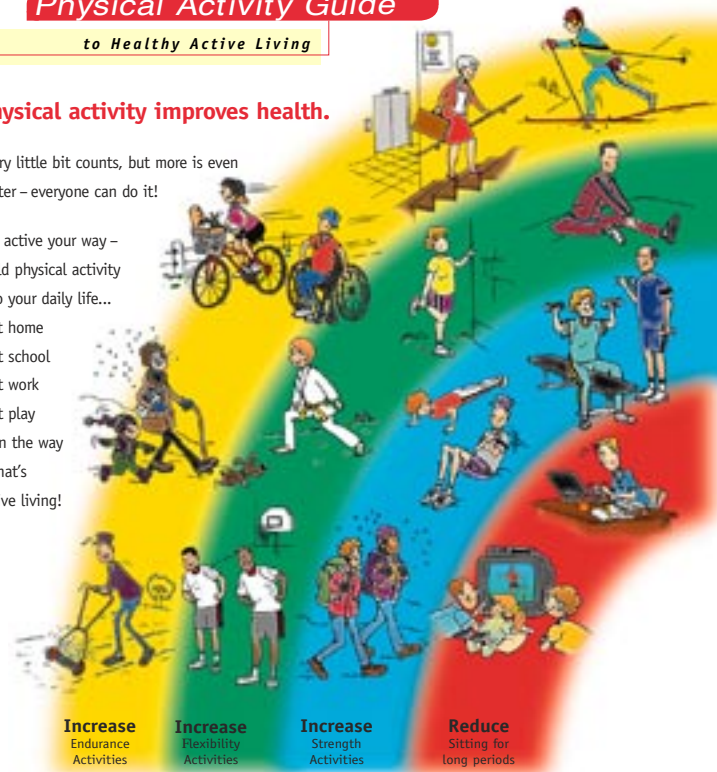


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Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



- Increase**
Endurance
Activities
- Increase**
Flexibility
Activities
- Increase**
Strength
Activities
- Reduce**
Sitting for
long periods

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Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

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Activities against resistance to strengthen muscles and bones and improve posture.

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Time needed depends on effort				
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	Maximum Effort
60 minutes	30-60 minutes	20-30 minutes	20-30 minutes	
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing 	<ul style="list-style-type: none"> • Sprinting • Racing
Range needed to stay healthy				

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Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
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- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

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Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

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The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

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